FIRST COAST SERVICE OPTIONS
MAC – PART A/B
CODING GUIDELINES

LCD Database ID Number

L33274

Contractor Name

First Coast Service Options, Inc.

Contractor Number

09101 – Florida
09201 – Puerto Rico/Virgin Islands
09102 – Florida
09202 – Puerto Rico
09302 – Virgin Islands

LCD Title

Botulinum Toxins

Coding Guidelines

- **Onabotulinumtoxina (Botox®)**

  Onabotulinumtoxina (Botox®) should be billed with HCPCS code J0585 (Injection, onabotulinumtoxina, 1 unit). Onabotulinumtoxina is supplied in 100-unit and 200-unit vials. If less than 100 units is given during a single treatment session and the remainder is not used for another patient, bill 100 units on the claim. If more than 100 units are billed during a single treatment session, and the remainder is not used for another patient, round up to the nearest 100 units on the claim.

  Scheduling of more than one patient is encouraged to prevent wastage of onabotulinumtoxina. If a vial is split between two or more patients, the amount of onabotulinumtoxina used for each patient is billed, and the unused remainder can be appropriately billed as wastage on the claim for the last patient injected. If the vial is not split between two or more patients, the discarded portion can also be billed. Physicians should indicate the amount wasted on the claim. Whenever unused onabotulinumtoxina is billed, both the amount of this agent administered and the amount of it discarded must be documented in the patient's medical record. Medicare would not expect to see billing for the full fee amount for onabotulinumtoxina on each beneficiary when the vial is split between two or more patients.

- **Abobotulinumtoxina (Dysport™)**

  Abobotulinumtoxina (Dysport™) should be billed with HCPCS code J0586 (Injection, abobotulinumtoxina, 5 units). Abobotulinumtoxina (Dysport™), is supplied in 300U and 500U vials. If a vial is split between two or more patients, the amount of abobotulinumtoxina used for each patient is billed, and the unused remainder can be billed as wastage on the claim for the last patient injected. The scheduling of patients to avoid wastage is encouraged; however, if the vial is not split between two or more patients, the discarded portion can also be billed. The medical record must contain the units given and the units wasted, if any.

- **Incobotulinumtoxina (Xeomin®)**

PART A providers should report Xeomin® as follows:

For claims processed on or after 03/10/2011, for Xeomin® provided 07/30/2010 – 12/31/2010, report procedure code C9399 (unclassified drugs or biological). Enter "incobotulinumtoxin a" in form locator (FL) 84 of CMS Form UB-04 or its electronic equivalent

For claims processed on or after 03/10/2011, for Xeomin® provided 01/01/2011 – 03/31/2011, report HCPCS code C9278 (injection, incobotulinumtoxin a, 1 unit).

For claims processed on or after 04/04/2011, for Xeomin® provided on or after 04/01/2011, report HCPCS code Q2040 (injection, incobotulinumtoxin a, 1 unit).

For claims processed on or after 01/03/2012, for Xeomin® provided on or after 01/01/2012, report HCPCS code J0588 (injection, incobotulinumtoxin a, 1 unit)

Xeomin® is supplied in 50-unit and 100-unit vials. If a vial is split between two or more patients, the amount of incobotulinumtoxina used for each patient is billed, and the unused remainder can be billed as wastage on the claim for the last patient injected. The scheduling of patients to avoid wastage is encouraged; however, if the vial is not split between two or more patients, the discarded portion can also be billed. The medical record must contain the units given and the units wasted, if any.

PART B providers should report Xeomin® as follows:

For claims processed on or after 03/03/2011, for Xeomin® provided 07/30/2010 – 03/31/2011, report HCPCS code J3590 (unclassified biologics). Enter "incobotulinumtoxin a" in Item 19 of CMS Form 1500 or its electronic equivalent.

For claims processed on or after 04/04/2011, for Xeomin® provided on or after 04/01/2011, report HCPCS code Q2040 (injection, incobotulinumtoxin a, 1 unit).

For Ambulatory Surgical Centers (ASCs):

For claims processed on or after 03/03/2011, for Xeomin® provided 01/01/2011 – 03/31/2011, report HCPCS code C9278 (injection, incobotulinumtoxin a, 1 unit).

For claims processed on or after 04/04/2011, for Xeomin® provided on or after 04/01/2011, report HCPCS code Q2040 (injection, incobotulinumtoxin a, 1 unit).

For claims processed on or after 01/03/2012, for Xeomin® provided on or after 01/01/2012, report HCPCS code J0588 (injection, incobotulinumtoxin a, 1 unit)

Xeomin® is supplied in 50-unit and 100-unit vials. If a vial is split between two or more patients, the amount of incobotulinumtoxina used for each patient is billed, and the unused remainder can be billed as wastage on the claim for the last patient injected. The scheduling of patients to avoid wastage is encouraged; however, if the vial is not split between two or more patients, the discarded portion can also be billed. The medical record must contain the units given and the units wasted, if any.

- **Rimabotulinumtoxinb (Myobloc®)**

  Rimabotulinumtoxinb (Myobloc®) should be billed with HCPCS code J0587 (Injection, rimabotulinumtoxinb, 100 units). Rimabotulinumtoxinb is supplied in amounts of 2500U, 5000U and 10,000U. Indicate the units of rimabotulinumtoxinb given on the claim. If a vial is split between two or more patients, the amount of rimabotulinumtoxinb used for each patient is billed, and the unused remainder can be billed as wastage on the claim for the last patient injected. The scheduling of patients to avoid wastage is encouraged; however, if the vial is not split between two or more patients, the discarded portion can also be billed. The medical record must contain the units given and the units wasted, if any.

One injection per functional muscle group (e.g. elbow flexors or elbow extensors) will be allowed, regardless of the number of injections made into each group or the muscles that compose it.

The physician should not be reimbursed for an office visit in conjunction with the procedure itself, unless there is a clear indication that the patient was seen for a different reason. The physician should use modifier 25 to indicate that the office visit was for an unrelated condition.

CPT code 31599 should be used to report chemodenervation of laryngeal muscles performed under endoscopy when the chemodenervation injection is administered through the endoscope port.

Electromyography guidance (CPT codes 92265, 95873 or 95874) may be covered if the physician has difficulty in determining the proper injection site(s). However, only one electromyography guidance procedure per injection site should be billed.

Covered Indication	CPT Code	CPT Code Descriptor
Spasmodic dysphonia	CPT code 31575	Laryngoscopy, flexible fiberoptic diagnostic
	CPT code 31599	Unlisted procedure, larynx
Achalasia	CPT code 43201	Esophagoscopy flexible, transoral; with directed submucosal injection(s), any substance
	CPT code 43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Chronic anal fissure	CPT code 46505	Chemodenervation of internal anal sphincter
Neurogenic urinary incontinence and neurogenic detrusor overactivity; or for the treatment of overactive bladder (OAB) with symptoms of urge urinary incontinence, urgency, and frequency, in adults who have an inadequate response to or are intolerant of an anticholinergic medication.	CPT code 52287	Cystourethroscopy, with injection(s) for chemodenervation of the bladder
	CPT code 64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
	CPT code 64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical, spinal and accessory nerves, bilateral (e.g. for chronic migraine)
Cervical dystonia	CPT code 64616	Chemodenervation of muscle(s); neck muscle(s),excluding muscles of the larynx, unilateral (eg, for cervical dystonia, spasmodic torticollis
	CPT code 64617	Chemodenervation of muscle(s); larynx, unilateral, percutaneous (eg, for spasmodic dysphonia), includes guidance by needle electromyography, when performed
	CPT code 64642	Chemodenervation of one extremity; 1-4 muscles(s)
	CPT code 64643	Chemodenervation of one extremity; each additional extremity, 1-4 muscle(s) (List separately in addition to code for primary procedure)
	CPT code 64644	Chemodenervation of one extremity; 5 or more muscles
	CPT code 64645	Chemodenervation of one extremity; each additional extremity, 5 or more muscles (List separately in addition to code for primary procedure)
	CPT code 64646	Chemodenervation of trunk muscle(s); 1-5 muscle(s)
	CPT code 64647	Chemodenervation of trunk muscle(s); 6 or more muscles
	CPT code 64650	Chemodenervation of eccrine glands; both axillae
	CPT code 64653	Chemodenervation of eccrine glands; other area(s) (eg, scalp, face, neck), per day
Axillary hyperhidrosis	CPT code 67345	Chemodenervation of extraocular muscle
Gustatory hyperhidrosis	CPT code 92265	Needle oculoelectromyography, 1 or more extraocular muscles, 1 or both eyes, with interpretation and report
Strabismus	CPT code 95873	Electrical stimulation for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)
Electromyography guidance (only one unit should be reported per body area, per session regardless of the number of injections performed).	CPT code 95874	Needle electromyography for guidance in conjunction with chemodenervation (List separately in addition to code for primary procedure)

All services/procedures performed on the same day for the same patient by the physician/provider should be billed on the same claim.

Comments

Clostridium botulinum toxin describes a family of neurotoxins produced by the anaerobic bacteria of the species C. botulinum. There are seven distinct serotypes of botulinum toxin: A, B, C, D, E, F and G. All botulinum neurotoxin serotypes are understood to produce their clinical effect by blocking the release of the neurotransmitters, principally acetylcholine, from nerve endings. There are three distinct serotype A botulinum toxin therapeutic products and one serotype B botulinum toxin product that have been approved by the U.S. Food and Drug Administration (FDA):

- Onabotulinumtoxina (Botox]®) (serotype A)
- Abobotulinumtoxina (Dysport™) (Serotype A)
- Incobotulinumtoxina (Xeomin®) (Serotype A)
- Rimabotulinumtoxinb (Myobloc®) (Serotype B)

Whether a botulinum toxin is produced from the same or a different serotype producing strain, they undergo different manufacturing processes which yield differences in the size and weight of the molecules. Because of this, Botox®, Dysport™, Xeomin® and Myobloc® , as well as other botulinum toxin products available internationally, are not interchangeable. They are chemically, pharmacologically and Clinically distinct.

Please note the FDA labeling in each product's package insert states: "Units of biological activity cannot be converted into units of any other botulinum toxin or any toxin assessed with any other specific assay method".

Claims for off-label use of Dysport™ or Myobloc® for indications other than those listed in the 'Indications and Limitations of Coverage and/or Medical Necessity' section of the LCD are not covered. However, the off-label use of Dysport™ or Myobloc® when the provider documents a high suspicion of immunoresistance to the covered Botox® therapy will be considered on appeal. In this regard, medical record documentation maintained by the ordering/referring physician must indicate at least two failed responses/two nonsustained therapeutic responses, separated by at least one month, after a history of past positive responses to support the medical necessity of the Dysport™ or Myobloc® injection. The Dysport™ or Myobloc® therapy may be started two weeks after the failed set of treatments with Botox®.

Revision History

Date	Revision
10/01/2015	This "Coding Guideline" replaces all previous "Coding Guidelines" to comply with ICD-10-CM based on Change Request 8112. The effective date of this "Coding Guideline" is based on date of service.

Document formatted: 07/26/2013 (MP/et) 12/30/2013(DA/et)